

ADVANCEMENT FORM FOR HIGHER-LEVEL CHAMPIONSHIP

Please Read Carefully & PRINT Information

NAME _____ RANK _____

SERVICE/INSTALLATION LOCATION _____

WORK PHONE/E-MAIL _____ SPORT _____

Are you authorized and committed to advance to higher-level competition if selected?

Yes _____ No _____

If you answered yes, please continue with this form. Attach a copy of your orders authorizing your stay through higher-level competition.

The following information is needed for VISA purposes:

Are you a U.S. Citizen? Yes _____ No _____

If you answered "No" from what country are you a citizen? _____

Your acceptance for consideration for higher-level competition is based on the above requirements. Be aware that your acknowledgement/acceptance of these terms does not give you that option of changing your mind for non-military, or non-emergency situations. If after being selected, you opt not to stay or advance with the team, you will not be considered for higher-level competition the following year. You must acknowledge your availability prior to the Armed Forces Championship Organizational Meeting, as this will allow all available athletes the opportunity to be considered.

Sizing requirements:

Warm-up (Top) _____ Bottom _____ Sneaker Size (M) _____ (F) _____

T-shirt (Unisex) _____ Polo (M) _____ (F) _____ Shorts (Unisex) _____

I confirm that I have in my possession the following for CISM and SHAPE Competitions: Valid Passport (not expiring within 6 months of travel date), Proper Military Uniform (for CISM), and Military ID Card. I understand that I am NOT eligible to represent the U.S. Armed Forces in CISM or SHAPE, if I do not have these items.

Passport Number _____ Expiration Date _____

Participant Signature _____ Date _____

FOR COMBAT SPORTS ONLY (Wrestling, Boxing, Judo & Taekwondo)

Certified Weight on Final Day of Training Camp _____

Competitor must be within 7% (or less) of their respective competition weight. Weight requirements more restrictive than the 7% will be established by the Head Coach.

Signature of Certifying Medical Official _____ Date _____
(Print name and Sign)

Signature of Team Captain _____ Date _____
(Print name and Sign)